MEMORANDUM OF UNDERSTANDING
FOR COLLABORATIVE- COORDINATED SERVICES[1]
WITH THE
DEPARTMENT OF HUMAN SERVICES, DEPARTMENT OF HEALTH,
OFFICE OF EDUCATION, ADMINISTRATIVE OFFICE OF THE COURTS
AND
THE DEPARTMENT OF WORKFORCE SERVICES
EFFECTIVE: MARCH 29, 2004 TO DECEMBER 31, 2005

Introduction

It is the intent of the participating agencies that when providing services to clients and more than one agency is involved—a collaborative, coordinated, service delivery system is a "best practice." Family participation in Collaborative Coordinated services will generally be on a voluntary basis. The guiding philosophy for service delivery will be as follows:
The plan should be

1. Comprehensive and collaborative.
2. Seek to strengthen and preserve families.
3. Be culturally sensitive, family focused, and community based
4. Provide verifiable services to participating families.

Collaborative-Coordinated Services are defined as the gathering, forming and partnership of a core team composed of family members, professionals and other concerned community members toward the goal of improved outcomes of an identified child and their family. Collaborative services may include all forms of communication appropriate, i.e., e-mail, data sharing, and face-to-face meetings.

Purpose

To successfully provide comprehensive-coordinated services to these families this Memorandum of Understanding has been created to provide a foundation for agency personnel to deliver collaborative-coordinated services to eligible families and to promote consistent statewide delivery, reporting, and data sharing methods.

- This Memorandum of Understanding will be referred as MOU.
- The Department of Human Services will be referred to as DHS.
- The Department of Workforce Services will be referred to as DWS.
- The Department of Health will be referred to as DOH.
- The Division of Child and Family Services will be referred to as DCFS.
- The Administrative Office of the Courts will be referred to as the AOC.
- The Utah State Office of Education will be referred to as USOE.
- Collaborative-Coordinated Services will be referred to in this document as CC services.
- The Child and Family Team will be referred to as CFT.

[1] Formerly known as FACT (Families, Agencies, and Communities Together)

- FEP is Family Employment Program – funded by Temporary Assistance to Needy Families.
- CARE - Courts and Agencies Records Exchange, is the Juvenile Court Data Base.
- CORIS – District Court Management Information System.

Objective

To provide, promote and coordinate comprehensive, health, education, self-sufficiency, and human services to children and youth at risk throughout Utah; through the application of integrated, coordinated, collaborative practices and methods by assisting children and their families to gain access to needed services as identified in the family's coordinated service plan.
Serving families with children at risk is a statewide cooperative-collaborative partnership among the Department of Health, Department of Human Services, Department of Workforce Services, Administrative Office of the Courts Administrator, and Utah State Office of Education.

Comprehensive-coordinated services will be delivered within each agency's already existing service delivery system. Therefore, CC service process would be considered a best practice procedure in which specific objectives, outcomes, and measures are tracked to facilitate continued improvement and verify achievements of the families who participate in coordinated case management services.

Expectation of Contract Providers

Each agency has a version of collaborative-coordinated services included as an attachment to this MOU. The partner agencies expect local contracting providers (such as, local mental health, schools, local health department, etc.) will utilize CC services.

The Participants in CC Services

The participants in CC services include but are not limited to the following:

- Children at risk who have a parent or legal guardian who is participating in the Family Employment Program (FEP).
- Children being served by DCFS, or other DHS clients needing coordinated services.
- Multi-agency cases referred to Juvenile Court.
- Children in the public education system who also are receiving services from other agencies.
- Children being served by state and local public health agency programs who are also receiving services from other agencies.

Collaborative Lead

A Collaborative Lead (CL) will be determined by the team that is working with the family. On Child Welfare cases, DCFS will be the CL.

Confidentiality

The current "FACT" Release of Information and Consent for Coordinated Services Form (or a similar consent form) will be used to obtain consent from parents to share information about their child.

Each partnering agency will safeguard any information received under this agreement to insure that the case information is accessible only to authorized personnel.

Method of Sharing Information

1. DWS will send a monthly report to DCFS for the purpose of identifying FEP families who also have a child(ren) receiving child welfare services.
2. DCFS will contact the appropriate DWS staff member whenever a child comes into the custody of DCFS. DWS staff will also participate on the CFT (Child and Family Team) as appropriate.
3. DOH will share health information about all children in foster care with the appropriate worker.
4. Court information will be shared with DCFS, DWS or other agencies as authorized and appropriate to coordinate case planning.

Local Interagency Council

A team providing CC services may receive additional help from the Local Interagency Council (LIC). An LIC or local coordinating body will be organized in each county or community and referrals to the local coordinating body will generally be made with the consent/approval of the parent. When a request comes from the CC service team, the local coordinating body will act as a consultation or advisory body only.

Shared Outcomes

OUTCOME	MEASURE	REPORTING AGENCY
1. Protect children and youth at risk; change delinquent behavior	a. Increase use of research based, effective programs b. Decrease risk factors c. Increase compliance with permanency timelines for abused and neglected children	Administrative Office of the Courts, (Juvenile Court Data Base – CARE)
2. Prevent Domestic Violence	Lower the number of Domestic Violence fatalities.	Department of Health, Domestic Violence Council

3. Prevent child abuse & neglect	a. Decrease the number of repeated (substantiated) incidents. b. Increase the percentage of child and family meetings held on cases of foster care and in-home services.	Department of Human Services, DCFS
4. Provide access to Health Care	a. Increase the number of children who are fully immunized b. Decrease the number of children without health insurance c. Increase the number of children with a dental visit in past year	Department of Health
5. Prevent academic failure	a. Increase school attendance b. Improve student achievement (state approved student assessments) c. Increase graduation rates	Utah State Office of Education
6. Promote family stability	a. Increase average family income b. Decrease parent Unemployment	Department of Workforce Services

Duration and Modification of MOU

This MOU will remain in effect until any participating agency that has signed this agreement requests a revision.

Participating agencies may request amendments to the MOU in writing at any time. Written amendments will be presented to the FACT Management group prior to presenting requested changes to the FACT Council. All participating agencies must provide written consent to amendments.

Signature Page

_____ Date:_____
Raylene Ireland
Executive Director
Department of Workforce Services

_____ Date:_____
Steven O. Laing
State Superintendent
Utah Office of Education

_____ Date:_____
Robin Arnold-Williams
Executive Director
Department of Human Services

_____ Date:_____
Scott D. Williams
Executive Director
Department of Health

_____ Date_____
Daniel J. Becker
State Court Administrator
Administrative Office of the Courts

APPENDIX A

Department of Workforce Services
"Marketing" Collaborative-Coordinated (CC)
Services for Families with Children At Risk

Background

Since 1997, the philosophy of providing responsive services has been incorporated within DWS' mission. Our unifying principles have included working in partnership with our customers and the community "to define needs, solve problems and allocate resources." The Department of Workforce Services continues our commitment to responsive employment related and supportive services to all members of our community.

DWS mission, vision and unifying principles direct agency staff toward the objective of providing responsive, appropriately individualized services to families with children at risk.

In the past months – especially since FACT lost funding, there has been a question as to whether FACT was a "philosophy" or a "program." It has been observed that where staff considered FACT a philosophy a continued effort to continue to provide collaborative - coordinated services for families with children at risk exist. Whereas, assuming FACT was a program indicated to some the need for a service delivery system outside of established service delivery structures that DWS (or other agencies) already had in place. Thus, a FACT worker (represented in each agency) was targeted as a means to delegate the delivery of collaborative-coordinated services to qualifying families.

With the elimination of FACT funds, continued efforts to provide coordinated - collaborative services are a testament to the desire and commitment of exemplary leaders in our agencies and regions - to provide responsive need based services to families with children at risk. Indeed, past consumer satisfaction surveys show the value that FACT- like services have had to Parents. In view of this, it is appropriate that a FACT-like model be utilized in the delivery of comprehensive-coordinated services for families with children at risk.

To successfully provide comprehensive-coordinated services to these families, it is suggested that the council facilitate statewide consistency by engaging in the following tasks:

- Provide a foundation for agency personnel to deliver collaborative - coordinated services to eligible families.
- Promote consistent statewide delivery, reporting, and data sharing methods by coordinating the negotiation of MOUs for participating agencies.
- The council requires agency and community partners define referral pathways, outcomes, measurements, data sharing, the use of release forms, and reporting procedures.

Marketing Focus

Examination of the mission, vision and unifying principles of DWS indicate that **success** of providing collaborative and coordinated services for families of

children at risk be considered **as a method of providing customer service, or a "best practice" to qualified families - rather than a "program."**

Thus, comprehensive-coordinated services would exist and be delivered within the DWS (and each agency's) already existing service delivery system. For DWS, the CC service delivery model is a inter-agency case staffing model that will compliment the DWS internal case staffing model and process.

Therefore, CC service process would be considered a best practice procedure in which specific objectives, outcomes, and measures are tracked to facilitate continued improvement and verify achievements of the families who participate in coordinated case management services.

Currently, DWS and other agency staff frequently coordinate and collaborate in behalf of customers who are working another agency (i.e. Voc Rehab, Adult Education, Horizonte, SLCC, etc.). Thus, it is imperative that staff members are aware of the difference between collaborating with another agency during case management duties and the delivery of CC services to a family with a child at risk.

CC Services Delivered

Within DWS, case managers would provide CC services to parent/s who are participating in FEP and working with and at least one other agency (primarily DCFS) and are in legal custody of a child who is "at risk." (Definition of "at risk" follows FACT model). A case manager would be aware of dual participation by the parent's (customer) self report or by arrangement outlined in a DWS/DCFS MOU.

Using FACT as a model, the family's participation in CC services would be contingent upon the informed consent of the parent/s. If a parent does not desire to participate in CC services, the DWS case manager would continue to deliver FEP case management services. A parent's decision not to participate in CC services could NOT be the SINGLE reason for a FEP case to enter conciliation process.

DWS and Human Services will mutually agree upon a process that incorporates an equitable method to determine the **Collaborative Lead (CL)** for the CC team. After a Parent consents to participate in CC services, **this predetermined method** would be utilized to designate or re-assign (if necessary) the Collaborative Lead for the case management team. It is important to note that a CL from DWS will participate in the CC team process when the family's FEP case is in open status. The DWS/Human Services agreement would also outline the re-assignment of a Collaborative Lead when a family's FEP case is closed. This will insure the re-assignment of a Collaborative Lead (CL) in the CC case; including DHS custody cases.

When a CL has been assigned, the team CL will insure coordinated collaborative case management is delivered to families with children at risk by linking community partners (and resources if any) with the case management team by taking the lead in contacting partnering agencies, arranging for coordinated team meetings, and insuring that an integrated plan is negotiated with the family. The CL may report family outcome measures and participate in a family's case.

The CL would take the lead in contacting partnering agencies, arranging for coordinated team meetings, and insure that an integrated plan is negotiated with

the family. The CL may report family outcome measures and participate in a family's case. In the CC service process, only the agencies that are participating with the customer's family would be required to be engaged in the collaborative effort. Other agencies and community partners that receive referrals from the CL are not required to participate in the families case management team, and may choose to participate on an "as needed" or consultant basis. Each agency would be responsible for reporting their outcomes (as agreed by steering committee & council).

LICs would engage in the following activities:

1. Be a clearinghouse for gathering and reporting outcomes and measures for the assigned regions (to be submitted to the Steering Committee and ultimately to the Council), **or** report data or outcome measures as the council direct.
2. Engage in resolving issues and barriers in CC cases.
3. Consult with the steering committee, case management teams, and recommend community based project-partner referrals to CLs on as needed basis.

Core Components of CC Services

With the FACT model, core components of CC service would be as follows:

1. Comprehensive and collaborative;
   - A family may receive an array of multiple services from several agencies that address the child's and family's physical, emotional, social, educational, and self-sufficiency needs, to be coordinated on an integrated plan.
2. Seek to strengthen and preserve families;
   - Where possible, identify family strengths and needs and coordinate services that assist families to provide permanent, safe, and nurturing environments for their children.
3. Be culturally sensitive, family focused, and community based.
   - Provide referral and coordination services in the community the family resides, actively involve families in planning, implementing, and evaluating their supports and services (if necessary with the assistance of the LIC staff), and be sensitive and responsive to family culture, traditions, and special needs.
4. Provide verifiable services to participating families.
   - By the consistent tracking and reporting of measurable, attainable outcomes that are consistent with the intent of legislative directives to promote the self-sufficiency of families with children at risk.

Objectives

The objectives or purpose of CC services would be the following:

To provide, promote and coordinate comprehensive, health, education, self-sufficiency, and human services to children and youth at risk throughout Utah; through the application of integrated, coordinated, collaborative practices

and methods by assisting children and their families to gain access to needed services as identified in the family's coordinated service plan.

Serving families with children at risk is a statewide cooperative-collaborative partnership among the Department of Health, Department of Human Services, Department of Workforce Services, Office of the Court Administrator, Office of Education, and Community Entities.

Outcomes

CC services may address any or all of the following outcomes and report on the related measures to the Council:

1. Protect children and youth at risk;
   - Measure: number of juvenile offenses.
2. Prevent abuse and neglect;
   - Measure: number of families with DCFS involvement, where improvement found, include a narrative of what methods contributed.
3. Provide access to health care;
   - Measure: number of children without health insurance, number of children with a dental or eye visit in the past year and other measures to verify access to health care.
4. Prevent academic failure;
   - Measure: child's school attendance, average test scores.

Other appropriate measures for the selected outcome(s) may also be used.

5. Promote family self-sufficiency;
   - Measure: employment status or wage increase of parent pre/post participation (or as compared to previous quarter), TANF grant reduction, completion of educational goals of the parent as measured by HS diploma, GED, or Certification completion, the parent's advancement of ESL or ABE level.
6. Reduced need for CC services:
   - Measure: number of agencies in family's case, amount time invested in delivering CC services to family.

Measures

Suggested measures of participating agencies CC service related data (collect and semi-annually report) are the following:

1. Number of children and families served.
2. Child and family demographic information including;
   - Family income/wage increase
   - Ethnicity of Children Served
   - Age/Grade of Children served
   - School Attendance or scholastic level gains of child
   - Completion of Educational goals of parent or permanent caregiver (as measured above)
   - Narrative of methods or services offered to children and parents with improvement.
3. Number (how many agencies participate) and types of services provided.
4. The number of children who avoided out-of-home placement due to LIC intervention or the delivery of CC services.

5. Court involvement before and after CC and/or LIC services (minus DHS custody cases).
6. Parent Satisfaction Survey (This will be a standard survey, sent out and compiled by state personnel with the assistance of members of LICs, CLs, or steering Committee).

Guidelines For Inter-agency Collaboration

1. DWS will negotiate with DCFS and other partnering agencies.
2. A family will have the choice to be involved in the CC process.
3. Agencies will not be expected to provide services to Collaborative Case Management team when a family is not included in their caseload.
4. Agencies will not be required to develop any new services for the collaberative process requiring additional resources.
5. Partnering agencies will not be providing any external collaborative services to families who are not eligible and receiving services from less than three partner agencies; which include the child's school.
    - Workforce Services will participate in CC services and the case management team process only when a family is receiving FEP.
6. The criteria for determining successful completion of services will be uniform throughout Utah; to include various partnering agencies.
7. The determination of criteria for successful completion will be the responsibility of the Council and Steering Committee in conjunction with partnering agency's executive level approval.
    - The criteria for determining successful completion of services will be uniform for all partnering agencies throughout Utah.
8. Performance plans of line-staff for agencies participating in CC case management process will include providing collaberative-coordinated case management services to eligible families with children at risk, and facilitating the collaborative-coordinated process by the utilization of appropriate referrals to participating partnering agencies.

Training Staff

Training of line-staff and Supervisors in the implementation and continued CC case staffing process will be accomplished:

- In conjunction with DWS training philosophy of skill-based, practical application
- Though collaboration with DCFS and other partnering agencies as needed
- By utilization of computer based modular training where appropriate
- With mentoring of staff to enhance learning and application of CC processes

CC Services Statewide (Using FACT as a Model)

Using FACT as a Model, the council and steering committee work together to facilitate CC services statewide with the goal of providing the foundation for the delivery of CC services. If possible, members of the steering committee would include Legislative staff, LIC staff, Community Partners, Parent Advocate,

and CL. The steering committee would meet with the council on a quarterly basis to facilitate communication and planning.

The LICs are would communicate with the steering committee (this is for the purpose of reporting data as directed by council), and families with children on an as needed basis. Also, the LIC provides consultation on an as needed basis to the agencies and community partners that provide CC services. The emphasis of the LIC would remain on facilitating collaboration with local community representatives (and resources) and state agency representatives. The LIC may provide consultation to agency representatives on a case management team on as needed basis. The staffing of LICs to include agency Supervisors may empower the commitment of agency resources if they become available. Thus, the LIC may also be an outlet to recommend funds or grants to a case management team in behalf of a family – based on financial ability.

Each participating agency is joined with community partners in providing CC services to families. Agencies and community partners would agree on a working strategy (as outlined in MOUs) to deliver CC services to families. The children and families would receive CC services with the assistance of a case management team that is represented by agency staff from whom the family is participating.

APPENDIX B

Revised February 10, 2004

DHS VERSION
COLLABORATIVE-COORDINATED (CC) SERVICES
FOR FAMILIES WITH CHILDREN AT RISK

Within the Department of Human Services, case managers will provide collaborative-coordinated (CC) services to individuals, parents, children and families who are receiving services from any division within the Department.

The case manager will seek to use the team approach to helping clients by seeking the assistance of partners in the community (other agencies such as the Health Department, schools, courts, Department of Workforce Services, other divisions within DHS, other service organizations, etc.) and people the client identifies as informal support persons. CC Services will be done by using the best practice model within each division such as organizing a Child and Family Team in DCFS, Person-Centered Planning in DSPD and case coordination within the Division of Youth Corrections.

The client (individual/child/parents) will be the center of the plan and planning will be done with the consent, approval and participation of the client unless otherwise ordered by the Court.

As these collaborative teams are put together for the individual client, a Collaborative Lead (CL) will be selected. This will likely be the division case manager in most instances. The CL will link community partners with the case management team, arrange for coordinated team meetings, and insure that an integrated plan is developed/negotiated with the family.

In the CC service process, only the agencies that are participating with the client's family would be engaged in the collaborative effort—rather than individuals representing agencies that play no part in helping meet the needs of that particular family.

Core Components of CC Services

Using the former FACT model, core components of CC service would be as follows:

1. Comprehensive and collaborative;
    - A family may receive an array of multiple services from several agencies that address the child's and family's physical, emotional, social, educational, and self-sufficiency needs, to be coordinated on an integrated plan.

2. Seek to strengthen and preserve families;
    - Where possible, identify family strengths and needs and coordinate services that assist families to provide permanent, safe, and nurturing environments for their children.
3. Be culturally sensitive, family focused, and community based.
    - Provide referral and coordination services in the community where the family resides, actively involve families in planning, implementing, and evaluating their supports and services (if necessary with the assistance of the LIC), and be sensitive and responsive to family's culture, traditions, and special needs.
4. Provide verifiable services to participating families.
    - By the consistent tracking and reporting of measurable, attainable outcomes that are consistent with the intent of legislative directives to promote the self-sufficiency of families with children at risk.

Objectives

The objectives or purpose of CC services will be the following:

To provide, promote and coordinate comprehensive, health, education, self-sufficiency, and human services to children and youth at risk throughout Utah; through the application of integrated, coordinated, collaborative practices and methods by assisting children and their families to gain access to needed services as identified in the family's coordinated service plan.

Serving families with children at risk is a statewide cooperative-collaborative partnership among the Department of Health, Department of Human Services, Department of Workforce Services, Administrative Office of the Courts, State Office of Education, and other community entities.

Local Interagency Council

There will be opportunities for any CC service team to get additional help from the Local Interagency Council (LIC) when more difficult or complex situations need further assistance. The LIC or local coordinating body will act as a consultation or advisory body when a request comes from the individual service team. (Referrals to the LIC are made with the consent/approval of the parent.) The LIC or coordinating body will be organized in each county or community and will have no line authority but are consultation and advisory bodies only. (Except on DHS custody cases. See DHS Custody Guidelines for further information)

APPENDIX C

UTAH DEPARTMENT OF HEALTH
VOLUNTARY COLLABORATIVE-COORDINATED SERVICES
FOR FAMILIES WITH CHILDREN AT RISK

I. PURPOSE OF COORDINATED – COLLABORATIVE (CC) SERVICES

1. To have the capacity to provide, promote and coordinate comprehensive, health, education, self-sufficiency, and human services to children and youth at risk throughout Utah when requested by the family; through the application of integrated, coordinated, collaborative practices and methods by assisting children and their families to gain access to needed services as identified in the family's coordinated service plan.

2. Serving families with children at risk is a statewide cooperative-collaborative partnership among the Department of Health, Department of Human Services, Department of Workforce Services, Office of the Court Administrator, Office of Education, and other public and private community service providers.

II. COMPONENTS OF CC SERVICES

1. Comprehensive and collaborative
   - A family may receive an array of multiple services from several agencies that address the child's and family's physical, emotional, social, educational, and self-sufficiency needs, to be coordinated on an integrated plan.

2. Seek to strengthen and preserve families.
   - Where possible, identify family strengths and needs and coordinate services that assist families to provide permanent, safe, and nurturing environments for their children.

3. Be culturally sensitive, family focused, and community based.
   - Provide referral and coordination services in the community the family resides, actively involve families in planning, implementing, and evaluating their supports and services (if necessary with the assistance of the LIC), and be sensitive and responsive to family culture, traditions, and special needs.

4. Provide verifiable services to participating families.
   - By the consistent tracking and reporting of measurable, attainable outcomes that are consistent with the intent of legislative directives to promote the self-sufficiency of families with children at risk.

5. Assure the privacy and confidentiality of family information.
   - By securing family consent for sharing information and basing the sharing of information on a “need to know” standard.

III. ROLE OF UDOH STAFF AND CONTRACT PROVIDERS

Utah Department of Health (UDOH) direct service providers (such as case managers, clinicians and eligibility workers) and local contract providers will offer and provide, with consent from the family, collaborative-coordinated (CC) services to children at risk and their families who are receiving services from more than one program or agency.

The UDOH service provider will attempt to initially identify the client's most critical needs and arrange for them to be addressed by UDOH or other services. The UDOH service provider will provide information and participate in case management team processes, when requested, to improve the coordination of care for individual clients.

The service provider will use the team approach to help clients by seeking the assistance of partners in the community (other agencies such as the Department of Human Services, the school, Department of Workforce Services, their medical home, other service organizations, etc.) and people the client identifies as informal support persons. The service provider's performance plan and evaluation will specifically address expectations and results related to CC services.

IV. ROLE OF UDOH CLIENTS

The client (child and family) will be the center of the plan, and planning will be done with the consent, approval and participation of the client.

V. METHODS OF PROVIDING CC SERVICES

1. Sharing of appropriate information on common clients
   - Via hard copy, phone, or electronically
   - Alerts for needed action
   - Assurance of appropriate privacy and confidentiality

2. Forming child and family teams
   - Conduct service plan coordination by phone, electronically, or face-to-face, when necessary
   - Designate a collaborative lead (CL)
   - Develop and support the implementation of a prioritized, coordinated service plan

3. Program support for child and family teams
   - UDOH program managers will support the provision of CC services by UDOH staff and will seek opportunities to improve program resources and infrastructure to provide CC services.
   - UDOH contracts which fund services for children and families will include special provisions which define and emphasize the provision of CC services.

4. Staffing by a Local Interagency Council (LIC)
   There will be opportunities for any CC service team to get additional help from the Local Interagency Council (LIC) when more difficult or complex situations need further assistance. The LIC will act as a consultation or advisory body when a request comes from the individual service team. (Referrals to the LIC are made with the consent/approval of the parent.) The LIC or coordinating body will be organized in each county or community and will have no line authority but are consultation and advisory bodies only. (Except on DHS custody cases. See DHS Custody Guidelines for further information.)

5. Staffing by Interagency Consultation Team (IACT)
   - State level consultation re: resources

6. Review by appropriate agency directors
   - Commit additional resources
   - Interpret or modify policies

APPENDIX D

DRAFT - March 10, 2004

Utah State Office of Education
Collaborative-Coordinated (CC) Services
For Families with Children At Risk

The Utah State Office of Education encourages schools and districts to partner with other agencies in ensuring collaborative-coordinated (CC) services to individuals, parents, children and families who are receiving services in the public school system who are also served by other agencies. To accomplish this schools and/or districts should identify a person who will serve as the education point of contact in working collaboratively with other agencies.

The education point of contact individual should seek to use the team approach to helping individuals and families by seeking the assistance of partners in the community (other agencies such as the Department of Human Services, Health Department, Courts and Juvenile Justice, Department of Workforce Services, other service organizations, etc.) and people that the individual or family identifies as informal support persons. The Utah State Office of Education recommends that schools and districts partner with the teams established by other agencies to increase collaborative-coordinated services and to reduce fragmentation and/or redundancy of efforts.

Individual students and their families will be the center of all plans to deliver collaborative–coordinated services and planning is to be done with the consent, approval and participation of the parent/guardian and the student (as appropriate).

As these collaborative teams are put together to work with individuals and families, a Collaborative Leader (CL) should be selected. If the individual and/or family is being served through the Department of Human Services, the CL will most likely be the division case manager from the Department of Human Services. Schools and districts are encouraged to work with the CL and the case management team in the scheduling of meetings, in developing/negotiating an integrated plan with the family, implementing, and evaluating the effectiveness of the plan.

In the CC service process, those agencies working with the student's family would be engaged in the collaborative effort. The case management team should only include representatives from the necessary partnering agencies and community organizations.

Core Components of CC Services

Using the former FACT model, core components of CC services would include the following:

1. Comprehensive and collaborative;

A family may receive an array of multiple services from several agencies that address the child's and family's physical, emotional, social, educational, and self-sufficiency needs. These services are to be coordinated on an integrated plan.

2. Seek to strengthen and preserve families;
   Where possible, identify family strengths and needs and coordinate services that assist families to provide permanent, safe, and nurturing environments for their children.

3. Be culturally sensitive, family focused, and community based.
   Provide referral and coordination services in the community where the family resides, actively involve families in the planning, implementing, and evaluating their supports and services (if necessary, with the assistance of the Local Interagency Council), and be sensitive and responsive to family's culture, traditions, and special needs.

4. Provide verifiable services to participating families.
   Along with other partnering agencies, provide those services in the educational setting that lead to measurable outcomes. Provide for consistent tracking and reporting of individual and family progress toward specific goals/outcomes that lead toward improved attendance, academic performance, and graduation from school.

Objectives

The objectives or purposes of Collaborative-Coordinated services are the following:

1. To provide, promote, and coordinate comprehensive health, education, self-sufficiency, and human services to children and youth at risk throughout Utah.

2. To assist children and their families to gain access to needed services as identified in the family's coordinated service plan through the application of integrated, coordinated, and collaborative practices and methods.

3. To provide services to families with children at risk in a statewide cooperative collaborative partnership among the Department of Health, Department of Human Services, Department of Workforce Services, Administrative Office of the Courts, the Utah State Office of Education, and other community entities.

Local Interagency Council

There will be opportunities for any CC service team to get additional help from the Local Interagency Council (LIC) when more difficult or complex situations need further assistance. The LIC or local coordinating body will act as a consultation or advisory body when a request comes from the individual case management team. Referrals to the LIC are made only with the consent/approval of the parent/guardian.

APPENDIX E

Administrative Office of the Courts
Collaborative-Coordinated (CC) Services
For Families with Children at Risk

The mission of the Utah Courts is to administer an open, fair, efficient, and independent advancement of justice. The District Court handles adult criminal, civil, and domestic matters. The Juvenile Court is involved with delinquency and child welfare matters. "Partnering isn't typically a word that comes to mind when one thinks of the court system, but the courts partner daily with state and local agencies, community organizations, and individuals to create a better community. (Utah State Courts, 2004 Annual Report, pg. 4)

For the Courts, this partnership reflects the collaborative-coordinated (CC) services for families with children at risk. The partnership also reflects the former FACT model. However, at each court level the collaborative-coordinated services look different.

At the District Court level, because this court level has no service arm, the collaborative-coordinated (CC) services are administered by the executive branch of government. Often, services are delivered based upon an order of the court. Perhaps the best example of this is the services delivered for drug court clients. While the courts are part of the team approach used in a drug court, the responsibility to deliver services rests with community agencies.

Things look different the Juvenile Court because it has both a service arm but also relies on community agencies to provide collaborative-coordinated services. In the case of delinquency matters, probation services are involved in both the intake and supervision functions. Intake officers meet with youth and their families to obtain information using assessment tools and make recommendations regarding the disposition of the case. Some minor offenses are handled non-judicially, where a youth never makes an appearance in front of a judge but still may receive services delivered by probation. More serious offenses can result in a youth being placed on probation, and a probation officer will monitor court orders and make referrals for service. Service needs are based upon a written correctional supervision plan, that uses assessment information to develop an effective supervision plan. The philosophical underpinnings of Juvenile Court reflect balanced and restorative justice principles. The probation officer may also be involved with multi-agency staffings in difficult cases. In most cases where a youth remains in the home, the probation officer is the collaborative lead (CL).

In the case of child welfare matters, the court is responsible to determine if a child has been abused or neglected. Sometimes services are accessed voluntarily and sometimes the court orders the services. Either way, a team consisting of the Attorney General's Office, the defense attorney, the Guardian Ad Litem, the Division of Child and Family Services and the parents all are providing information to the court for consideration. Once a determination has been made to deliver services to a family, which is based upon a written treatment plan developed by DCFS,

the court takes on a review and monitoring role. But this role is carried out within the team approach when monitoring the case. The court must ensure that statutory guidelines and the Adoption and Safe Families Act (AFSA) requirements are met. In cases involving child welfare matters, the Division of Child and Family Services is the collaborative lead. Team meetings, service delivery, and regular reviews are all part of the team approach.

Core Components of CC Services

Regardless of court level, core components of CC Services include:

1) Emphasis on Early Intervention

This core value recognizes if risk factors are not addressed early, clients will continue to "recycle" through the court at an ever escalating expense to all partners.

2) Use research based services

With shrinking budgets, partners have a responsibility to use services that are research based and show positive outcomes when targeting specific risk factors.

3) Individualized Justice

The basis for successful intervention is to assess an individual's risk and protective factors and provide interventions within the community that target these needs.

4) Listen to All Parties

Judges are use to weighing evidence. What this means in the context of collaborative-coordinated services is that all parties should have a voice in the ordering and monitoring of services.

Objectives

The objective of CC services is to provide, promote, and coordinate comprehensive services that changes behaviors which brought people to the attention of the Utah Courts. Serving families with children at risk ensures that appropriate interventions are available for those who need them.

Attachment F

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